



**CITY**  
**BUSINESS LICENSE QUESTIONNAIRE**  
**LYNCHBURG, VIRGINIA**



ACCOUNT NUMBER			YEAR				
BUSINESS ADDRESS	<b>IMPORTANT</b> IF THIS QUESTIONNAIRE IS RETURNED TO THE COMMISSIONER OF THE REVENUE OFFICE BEFORE APRIL 10TH A STATEMENT OF THE TAX WILL BE MAILED IN TIME FOR PAYMENT.  <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px;"><b>RETURN TO -</b> COMMISSIONER OF THE REVENUE P.O. BOX 858 LYNCHBURG, VIRGINIA 24505-0858</td><td style="width: 40%; padding: 5px;"><b>PHONE</b> (434) 455 - 3880</td></tr><tr><td style="padding: 5px;"><b>MAKE CHECK PAYABLE TO</b> CITY COLLECTOR</td><td style="padding: 5px;"><b>FAX</b> (434) 847 - 1842</td></tr></table>			<b>RETURN TO -</b> COMMISSIONER OF THE REVENUE P.O. BOX 858 LYNCHBURG, VIRGINIA 24505-0858	<b>PHONE</b> (434) 455 - 3880	<b>MAKE CHECK PAYABLE TO</b> CITY COLLECTOR	<b>FAX</b> (434) 847 - 1842
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<b>MAKE CHECK PAYABLE TO</b> CITY COLLECTOR				<b>FAX</b> (434) 847 - 1842			
OWNERSHIP TYPE							
SOCIAL SECURITY # / FEDERAL ID #							
BUSINESS PHONE	EMAIL ADDRESS						
LICENSEE TRADE NAME MAILING ADDRESS CITY, STATE, ZIP							
<b>PLEASE READ REVERSE SIDE BEFORE COMPLETING REMAINDER OF QUESTIONNAIRE.</b>							
DESCRIPTION OF BUSINESS							
			1				
			2				
			3				
			4				
			5				
			6				

**\*\* LATE FILING PENALTY (THE GREATER OF \$10.00 OR 10% OF THE TAX) IF LICENSE NOT FILED BY: May 1,**

**\*\* LATE PAYMENT PENALTY (10% OF THE TAX) IF NOT PAID BY: May 1,**

**CERTIFICATION**

I HEREBY SWEAR AND AFFIRM THAT THE INFORMATION HEREON IS VALID AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE